Connecticut Department of Public Health

Risk Category: 7 Food Establishment Inspection Report Page 1 of 2												
Establishment type: Permanent Temporary Mobile Other												
William Control of the Control of th						— Date: (0/3/25						
Establishment Giave's Pizza Kitchen			served connecticut Manhy				11:30	M/PM Time Out_	12:18	_AM/PM		
Address 494 Bridgeport Ave			DPH)			LHD NVHD						
Town/City Shelton					Purpose of Inspection: Pre-op							
Permit Holder GPK Shelton LLC - Joseph Deve	llice	Connecticut Department of Public Health			ent	Reinspection Other						
FOODBORNE ILLNESS RISK FACTORS AN												
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.												
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered if		_	_	-	liance		ot in compliance	N/A=not applicable	N/O=not o	bserved		
P=Priority item Pf=Priority foundation item C=Core item V=violation type		1	1	te bo				ted on-site during inspect		at violation		
IN OUT N/A N/O Supervision Person/Alternate Person in charge present,	V	cos	R	15	IN OI	UT N/A N/O	Food separate	ion from Contamination d and protected	P/O			
demonstrates knowledge and performs duties	Pf	0	0	16	0			urfaces: cleaned & san		coo		
2 Certified Food Protection Manager for Classes 2,	С	0	0	17	1			ion of returned, previou		00		
3, & 4 Employee Health								itioned, and unsafe foot ture Control for Safet				
Management, food employee and conditional employee;	P/Pf			18	00	000		time and temperatures		COO		
knowledge, responsibilities and reporting	8.00			19	0	109	Proper reheatir	ng procedures for hot ho				
Proper use of restriction and exclusion Written procedures for responding to vomiting and	Р	0	0	20	00	100		time and temperatures				
diarrheal events	Pf	0	0	5		000		lding temperatures				
Good Hygienic Practices				23	3,0	00		arking and disposition	P/P			
6 Proper eating, tasting, drinking, or tobacco products us		0		24	60	000		ic health control: proced	dures P/Pf/0			
7 No discharge from eyes, nose, and mouth	С	0	0				and records	umer Advisory				
Preventing Contamination by Hands 8 Hands clean and properly washed	P/Pf	0	0	25	00			y provided: raw/undercooke	d food P	1010		
No bare hand contact with RTE food or a					1	V		ceptible Population				
pre-approved alternative procedure properly followed	P/Pf/C		9	26	0			used; prohibited foods not o		00		
Adequate handwashing sinks, properly supplied/accessible	PfC	0		07				ives and Toxic Substa				
Approved Source 11	P/Pf/C	0	0	27				approved and properly es properly identified,		00		
12 C Food received at proper temperature	P/Pf	-	0	281			stored & used	es property identified,	P/Pf/			
13 Food in good condition, safe, and unadulterated	P/Pf	0	0			P		ith Approved Procedu	res			
Required records available: molluscan shellfish	P/Pf/C	0	0	29	00			th variance/specialized	P/Pf/	coo		
identification, parasite destruction	OD RE	TAI	L PR	ACT	ICES		process/ROP C	interia/FACCF Flati				
Good Retail Practices are preventative measures to							icals, and physica	al objects into foods.				
Mark OUT if numbered item is not in compliance V=violation type Mark it	n appro	_		_		d/or R		on-site during inspection	R=repe	at violation		
OUT N/A N/O Safe Food and Water	V	cos		-	TUC			se of Utensils	· C	COS R		
30 Pasteurized eggs used where required 31 Water and ice from approved source	P P/Pf/C	00	0				ils: properly stor	perly stored, dried, & hand				
32 Variance obtained for specialized processing methods	Pf	0	0	_		1 1		es: properly stored & use				
Food Temperature Control				46	O GI	oves used	properly		С	00		
Proper cooling methods used; adequate equipment for	Pf/C	0	0		L			s and Equipment				
temperature control				(47)			igned, construc	surfaces cleanable,	P/Pf/	5 0 4		
34 Plant food properly cooked for hot holding 35 Approved thawing methods used	Pf Pf/C	0	_					alled, maintained and us	sed:			
36 Thermometers provided and accurate		0	-	48				and test strips available				
Food Identification				49			ntact surfaces of	elean	C	00		
37 Food properly labeled; original container	Pf/C	0	0					sical Facilities	-	1010		
Prevention of Food Contamination	Duf							e; adequate pressure	P			
(8) Vinsects, rodents, and animals not present Contamination prevented during food preparation, storage & display	Pf C	0	0	52	OS	umbing ins	l waste water on	ackflow devices operly disposed				
40 Personal cleanliness	Pf/C		+					structed, supplied, & cle				
41 Wiping cloths: properly used and stored	С	0	0	54	○ Ga	arbage and	refuse properly of	lisposed; facilities maintai	ned C			
42 Washing fruits and vegetables	P/Pf/C	0	0	_				maintained, and clean	P/Pf/			
Permit Holder shall notify customers that a copy of the most recent inspection repo	ort is av	ailabl	е.	56				hting; designated areas not used per CGS §19a		00		
00 . ///	260	_		Vio		s docume		Date corrections	due	#		
Person in Charge (Signature) Date 6/3	5/25)		Pric	rity Ite	m Violatio	ns	COS		201		
Person in Charge (Printed) Joseph McMahon						oundation I Violations	tem Violations	9/2/20		ű		
	1		-				s Health Interventi	on Violations		13		
Inspector (Signature)					eat Ri	isk Factor/	Public Health In	tervention Violations		2		
					Good Retail Practices Violations Beauties Poissonation shock box if you intend to reinspect							
Inspector (Printed) Among Requires Reinspection - check box if you intend to reinspect										destroy		
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.												

	F00	a Esta	biisnment inspe	ection i	keport ^P	ageo	f		
LHD NVHO Inspection Report Continuation Sheet						Date 6/3/25			
Establishr	nent Giove's Pi	cza Kil	then Town Shelton			•			
			TEMPERATURE OBSER						
Item	/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Pr	rocess	Temp		
	by Slice coofer	UNOF	WIC	43°F	Salad BM				
		707		7/2012		0	7005		
0	poeroni (cooling)	70°F	-ranch, tomatues	2715	- Sliced ton	calan	35°F		
	17Ca.	11000	- Sliced cheese, mor	7 31	- Fetta Chel	MIMOSS	38 +		
- mea	Hoall, Sausage, per	40°F	-Ham leggs	420	Saldwich	/			
-Chic		39°F	- Sauce ou	430	-Broc, Artic, C	neese	40%		
- Slice	ed form	38°F							
HH-n	reathalls	138°F							
-6	woe (90°F							
-00	we (SERVATIONS AND CORRE	CTIVE ACTION	ONS				
	Violations cited in this		e corrected within the time frames be			406.11 of the f	ood code.		
Item Number	9/13		3	100 30	2/2	0/30			
Number		100							
CFPM	- Emily Mo	ckechr		Icmaha	M, Dennis	Resto 1	7		
1	Handsink-Stocked, Hot HDO 85°F, BOH-Signage, FOH signage								
	Sanitizer	Heramin	1 tabs 3 Ray 400	20m	J- J- J-				
	Sanitreer-Steramine tabs 3 Bay 400ppm Allergen Statement, Allegen Poster/ Probe thermometer, dolumarking								
	Fillergen on	atemer	nro, Allegar go	15/01					
1	Probe therm	ometer	, datomarking						
	,								
1									
10 2	No signage @ FOH Wandsink								
110 RV	O & No signage @ FOH Mandsink								
41	17 RV Cardboard used to line wire Shelving above prep								
39	39 Food/Trays Stored on floor WIF, Buckets on floor WIC								
21/10	Nie Same Challed and I will all a second and								
21/19	the warmer CANNOT be used for remeating, use Stovetop (same will)								
1	the universe cannot be read for repeating the structure (same w)								
	in warner convince be osed for rendering, ose slove top (meathalls)								
1	, - cos, had Pic veneat on Stovetop								
28	Front door open, must have Screen or Stay closed - COSV								
00	LIOILI GOOL OF	erito	ST Mare Scientific S	siay aux	<u>u</u>				
		~							
Person in	Charge (Signature)	Dem	w		Date	6/3/2	25		
	(Signature) Museup	La RINIA	ha-		Date	10/3/2	5		